Before the State Of Rhode Island and Providence Plantations Public Utilities Commission

Docket # 3675

Sur-rebuttal Testimony of William Monaco

Q. Please state your full name, title and business address for the Record.

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2	A. William Monaco, P.E. I am the Drinking Water Program Manager, Naval Station
3	Newport Environmental Office, 1 Simonpietri Drive, Newport, RI 02841.
4	
5	Are you the same William Monaco who submitted Direct Testimony in this Docket?
6	A. Yes, I am
7	
8	Q. What is the purpose of your testimony?
9	A. The purpose of my testimony is to respond to Ms. Forgue's testimony concerning
10	water quality issues in this Docket, specifically Total Trihalomethanes (TTHMs), and the
11	problems that the Navy Public Water Systems (NPWS) have experienced, in part, due to
12	the water quality received from the City of Newport Water Department (Newport Water).
13	
14	Q. Do you agree with Ms. Fogue that the water quality issues should not be
15	addressed in the docket?
16	A. No, water quality issues specifically TTHMs have been a concern for years. The
17	NPWS has tried to get a handle on this problem since it received a notice of violation for
18	the fourth quarter sample in 1997. As stated in my testimony from Docket 3578, the
19	City has not been proactive with these issues. The City shows interest in the NPWS's
20	and Portsmouth's TTHM concerns but has not investigated the problems or determined
21	whether it was in any way responsible. The City has been more reactionary to the
22	problem making changes to its treatment mechanism when the Newport Water TTHM
23	numbers were elevated instead of adjusting for all of Aquidneck Island. Having stalled
24	through regulatory progression, I strongly believe this forum should continue to address
25	water quality issues.
26	

1	Q. In Ms Forgue's testimony she refers to the joint water study approved in the
2	settlement agreement in Docket No. 3578. She also provided a history of the reason
3	for the study. Do you have a general comment about that testimony?
4	A. Yes, Ms. Forgue made several incorrect references to the NPWS.
5	First, the Navy at no time criticized the conclusion in the Compliance Evaluation
6	Report done by Camp, Dresser, & McKee ("CDM Report") to use chloramines as the
7	secondary disinfectant. The Navy was concerned that the CDM report, referencing
8	Disinfectant Byproducts (DBPs), did not consider the wholesale customers who are at the
9	endpoints of the Newport Water distribution system. In addition, a change to chloramines
10	would make the NPWS's current treatment obsolete because basic chemistry informs
11	against mixing chloramines with sodium hypochlorite (the NPWS's current treatment).
12	Second, in Ms. Forgue's testimony she states that CDM has continued to work
13	with the NPWS and Portsmouth as they prepare to implement the short-term solutions
14	identified in their 2004 report. I do not know if they have worked with Portsmouth, but
15	since December 2004 the NPWS has not received any information concerning the short-
16	term solutions. Until reading it in her testimony, the Navy was unaware of the status of
17	the pilot study including bench testing and offline piloting. Besides, the Navy has
18	additional data that should have been considered in the initial CDM report. In fact, until
19	last week we had not been contacted by CDM.
20	Lastly, the joint water study approved in Docket 3578 (joint study) provided the
21	same conclusion that chloramines is the most logical solution to the DBP issues based on
22	current conditions. However, it should be noted that the joint study emphasizes the
23	following issues:
24	1. A public relations campaign be implemented in all systems approximately
25	one year before the conversion to chloramines.
26	2. A chloramines conversion strategy should be established to clearly
27	identify the steps that each system must take before converting to
28	chloramines.
29	3. A nitrification control and monitoring plan needs to be in place before
30	conversion to chloramines.
31	4. A corrosion control strategy needs to be in place.

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1	5. An emergency response plan needs to be established for the NPWS's
2	tanks.
3	If these measures are in the works, the Navy is unaware of them, but should
4	be included in the process.
5	
6	Q. Can you comment on what Newport Water is doing to address the TTHM issues?
7	A. No, Unfortunately we have not been kept up to date on the status of the change over to
8	chloramines. We would appreciate this information.
9	
10	Q. Can you please comment on the 20% Factor of Safety goal that you
11	recommended in your direct testimony and that Ms. Forgue commented on in her
12	rebuttal testimony?
13	A. Yes, the factor of safety gives Newport Water a treatment goal. This level provides
14	the wholesale customers the opportunity to meet TTHM levels. The NPWS agrees that
15	the Environmental Protection Agency (EPA) or the Rhode Island Department of Health
16	(RIDOH) should set all "goals" and limits. For DBP's the EPA has set goals that RIDOH
17	has adopted. The goal for TTHMs is set at Zero (0) milligrams per liter (mg/l), the goal
18	for Haloacidic Acids is set at 0 mg/l, and the goal for chlorites is set at 1.8 mg/l. A goal
19	of 64 mg/l for TTHMs at the entry points, which includes the 20% Factor of Safety
20	below the Maximum Containment Level (MCL) that is currently 80 mg/l is reasonable.
21	We hope that Newport Water strives for a lower goal, but with the 20% Factor of Safety
22	the NPWS feels it would meet all current and future regulations.
23	
24	Do you think that the United States Navy - Naval Station Newport System would
25	have received a Notice of Violation (NOV) in November 2004 if the 20 % Factor of
26	Safety was implemented at that time?
27	A. No, it would not have received an NOV for TTHMs if the purchased water were at 64
28	mg/l or lower.
29	

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- 1 Do you think that the United States Navy Fort Adams System would have received
- 2 a NOV in September 2005 if the 20 % Factor of Safety was implemented at that
- 3 **time?**
- 4 A. No, it would not have received an NOV for TTHMs if the purchased water were at 64
- 5 mg/l or lower.

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- 7 Q. Does this conclude your testimony?
- 8 **A.** Yes

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